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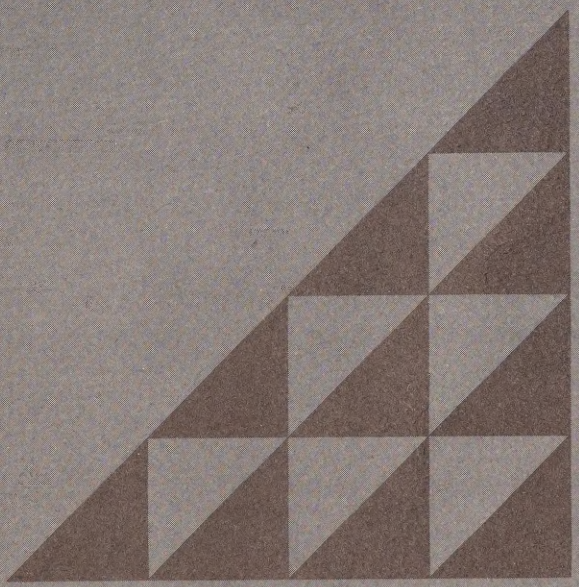
Health of Indian Women



Canada

HEALTH OF INDIAN WOMEN

by

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HIGHLIGHTS

Indian women need different types of health services because the status Indian population is younger than the Canadian population. Indian women are aging into their child-bearing years while Canadian women are aging into retirement. As a result, Indian women are more likely to need health services aimed at mothers and children while their Canadian counterparts need services associated with old age.

Indian women seem to have a high level of problems relating to pregnancy and childbirth. Over half of Indian mothers are under 25 years of age and about half of these women smoke during pregnancy. This increases the risk of miscarriage or premature births and also increases the likelihood that the infant will be of low birth weight or subject to Sudden Infant Death Syndrome.

Indian women are slightly less likely than other Canadian women to die of cancer. They are far more likely to die from infectious diseases, respiratory problems or accidents and violence. As well, Indian women are slightly more likely than Canadian women to die from diseases of the circulatory system, while Indian men are at about the same risk as other men in Canada.

In terms of socio-economic conditions, Indian dwellings, particularly on-reserve, are more likely than Canadian dwellings to be without central heating. As well Indians are more likely than other Canadians to live in crowded dwellings.

Status Indians of both sexes are considerably more likely than other Canadians to have less than grade 9 education, one definition of functional illiteracy. Over two-fifths of Indian women living on-reserve have less than grade 9 education while only one-fifth have at least a high school diploma.

Less than one-quarter of Indian women on-reserve are employed compared to one-half of all Canadian women. As well, Indian women have one of the lowest average individual incomes in Canada: $8,800 in 1985 compared to $10,400 for Indian men and $12,600 for Canadian women.

Distinct differences in the health and socio-economic conditions of Indian women as compared to men point to the importance of considering women's needs separately in order to more effectively target public health programs to those most at risk.

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I. INTRODUCTION

QUESTIONS TO BE ADDRESSED

Differences in the health of men and women can be masked in global analyses of health issues. It is important to recognize that women face different health problems, and therefore require different types of health services. This paper examines some of these differences, particularly as they relate to Indian women. The paper is based on the presentation made by the authors to the Canadian Public Health Association's annual conference in June, 1990. Although it is published by the Department of Indian Affairs and Northern Development (DIAND), it represents a joint effort between DIAND and Health and Welfare Canada (HWC).

The analyses performed in this paper focus on status (or registered) Indians, the population served by DIAND and HWC. By status Indian, we mean any individual who is recognized as a status Indian by virtue of treaty or the *Indian Act*. In the paper, we examine three questions as they relate to the health of status Indian women in Canada:

1. How does Indian women's health compare to that of other groups?
2. What might explain the observed differences in health?
3. What are the implications for planning and delivering health programs?

To address the first question, we compare the health of Indian women to that of Canadian women and Indian men. The main topics examined are reproductive health and main causes of death. The Indian health statistics included here are based primarily on Medical Services Branch (HWC) data. These data cover approximately 64% of the status Indian population of Canada, with a slight bias towards the on-reserve population. A more complete description of the coverage and limitations of the data is included in Section VI, "Methodological Notes and Sources".

In examining the second question, we note that Indian women are younger and have higher fertility rates than other Canadian women. As well, Indians face different socio-economic conditions, particularly on-reserve. Both the Indian and Canadian data included here are based on INAC customized data from the 1986 Census. Due to coverage problems with the census, approximately 45,000 individuals on-reserve are not included in these statistics. A more complete description of the limitations of the data is included in Section VI, "Methodological Notes and Sources".

The third question is addressed in Section V, "Implications for Public Health Programs".

II. DEMOGRAPHICS

1. The Status Indian Population

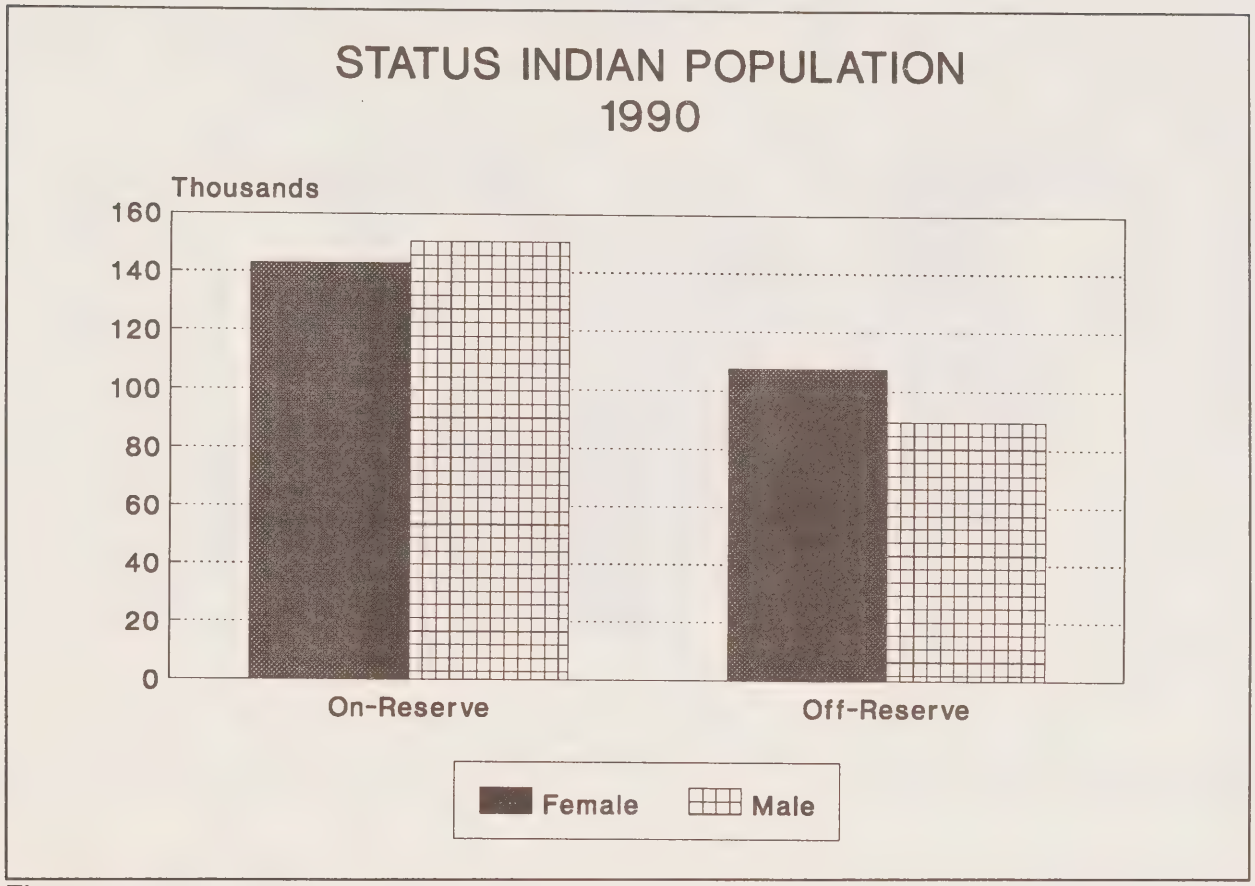

Figure 1

As of December 31, 1990, there were 490,200 status Indians in Canada, representing approximately 2 percent of the Canadian population.

Sixty percent of all status Indians live on-reserve. However, of the status Indian population, women are more likely than men to live off-reserve, 43 percent compared to 37 percent.

Currently, the status Indian population has a growth rate that is twice times that of the Canadian population. Because of the increases in the population due to Bill C-31, the proportion of status Indians living off-reserve is increasing; at the same time, the actual number of Indians on-reserve is growing. These trends will lead to increased demand for health services, both on and off-reserve.

2. Location of Indian Reserves

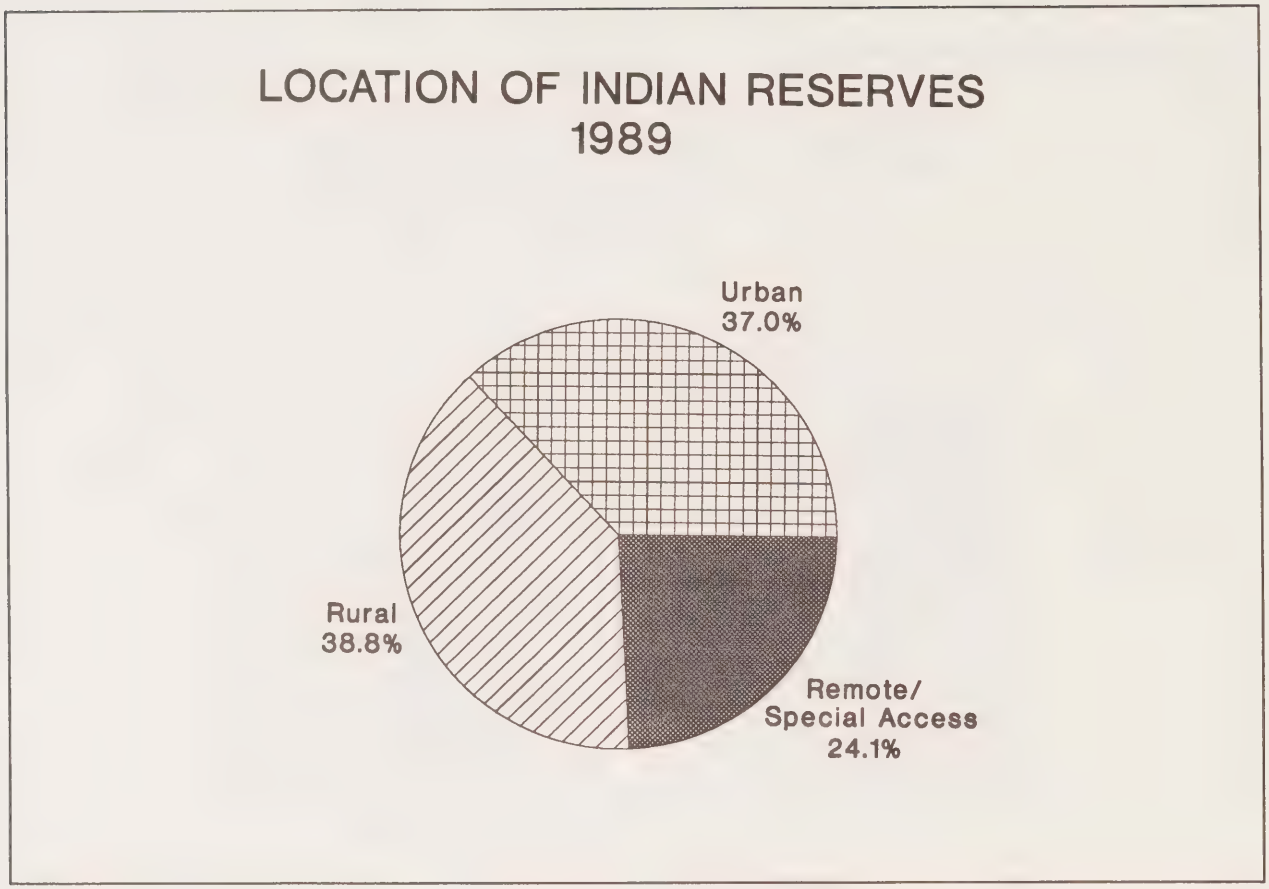

Figure 2

Only slightly over one-third of all reserves are located in urban areas. In fact, one-quarter are in remote or "special access" areas, meaning that they are far from urban centres, have small populations, and may be accessible only by air or by road only for part of the year.

This has an effect on health services: for the almost two-thirds of the status Indians who live on rural or remote reserves, health services are less likely to be accessible and are more expensive to provide.

The remote location of many reserves also has an effect on the nutrition of status Indians due to the unavailability of certain foods and the high cost of shipping food to these areas.

3. Age Structure of the Population

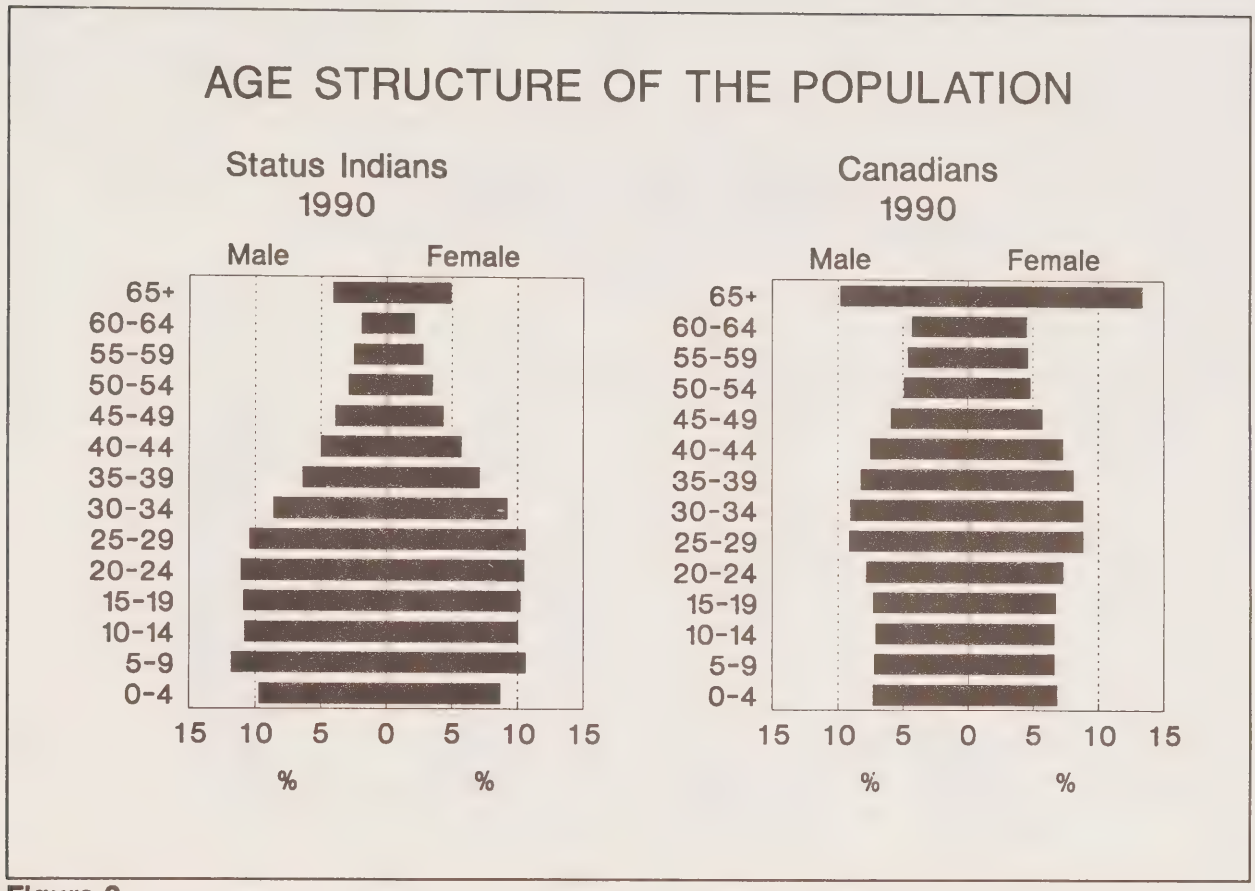

Figure 3

One reason why Indian women need different types of health services is that the status Indian population is younger than the Canadian population, resulting in differences in the types of diseases most commonly faced by the two groups. As a population, Indians are more likely to suffer from childhood diseases and are less likely to develop cancers and other diseases associated with older ages.

Indian women are aging into their child-bearing years while Canadian women are aging into retirement. As a result, Indian women are more likely to need health services aimed at mothers and children while more Canadian women need services associated with old age. As well, each Indian woman is having more babies than her non-Indian counterpart. Therefore, the need for reproductive health services, already greater in the Indian population due to its age structure, is increased even more by the higher Indian fertility rate.

Some examples of the types of services needed by a younger population include prenatal care and education, alcohol and drug treatment programs, mental health services, accident prevention programs, and family violence prevention programs. The Medical Services Branch of Health and Welfare Canada is already providing programs in many of these areas. However, for Indian women, the demand for these services will be higher than for other Canadians because the population is younger.

III. HEALTH CONDITIONS

4. Reproductive Health

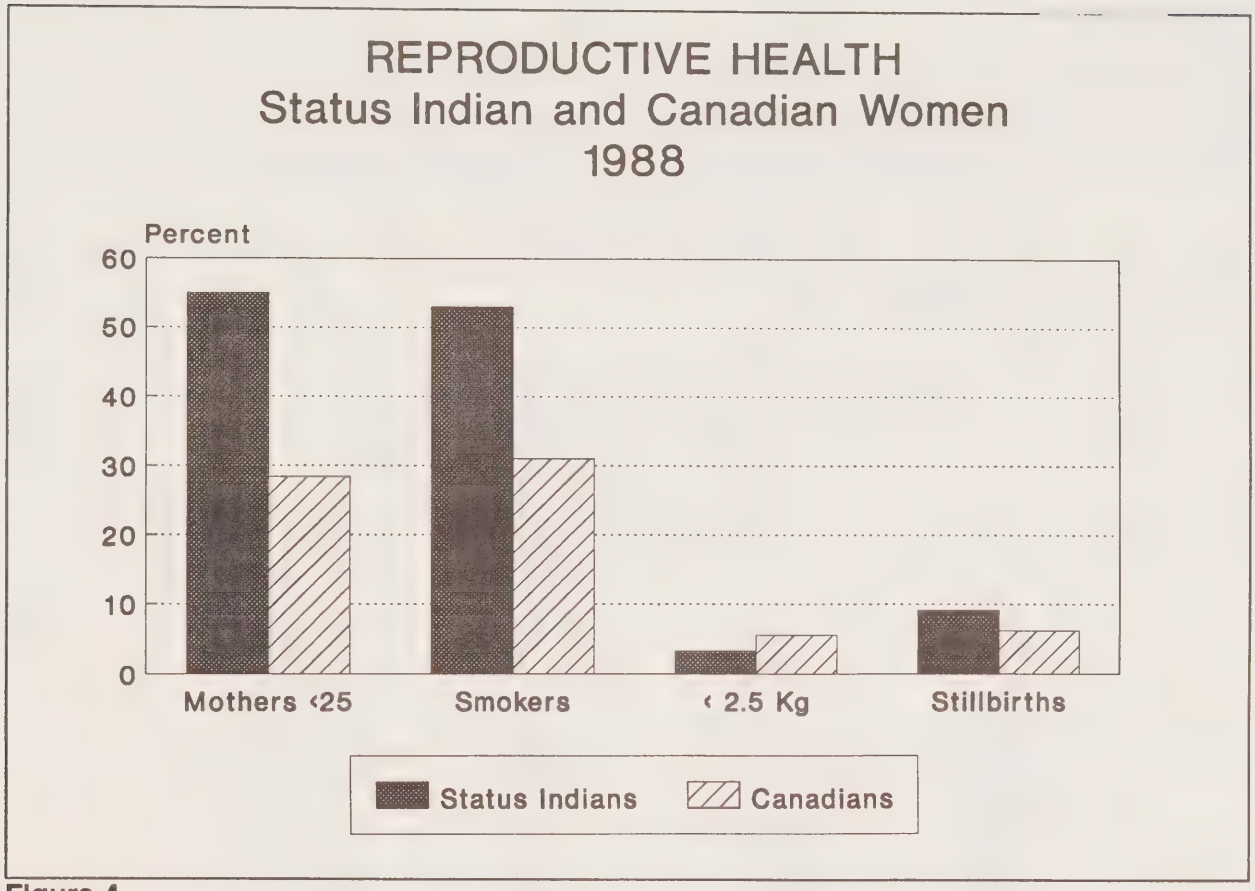

Figure 4

Because the Indian population is younger and has higher fertility rates, it is important to consider the reproductive health of Indian women.

Research for the on-reserve Indian population in 1988 suggests that Indian mothers are younger: about 55 percent are under 25 years old and 8.7 percent are under 18 years old. Comparable figures for the non-native population are 28 percent and 1.2 percent.

About half of the Indian mothers living on-reserve smoke during pregnancy. This increases the risk of miscarriage or premature birth and also increases the likelihood that the infant will be of low birth weight or subject to Sudden Infant Death Syndrome. The proportion of smokers is much lower among non-Indian women.

Although infant mortality rates have fallen dramatically, stillbirth ratios have not decreased over the past 10 years. Since stillbirths can be a reflection of the mother's health, nutrition, and lifestyle (smoking/drug use), this may indicate a need for improved nutrition and health promotion programs for Indian mothers.

Indian women seem to be somewhat less likely than average to breastfeed. In 1988, about 61% of Indian women breastfed their infant at birth. Women in northern areas were more likely to breastfeed than those in Eastern Canada. The women least likely to breastfeed are those whose infant is likely to be particularly at risk, namely those mothers who smoke, those who are young, women who already have 5 or more children and those whose infant was of low birth weight.

Partly as a result of the factors listed above, infant mortality rates are still very high (almost double the Canadian rate). Infant mortality has a major impact on life expectancy which helps to explain why the life expectancy of Indian people is considerably lower than average.

5. Life Expectancy at Birth

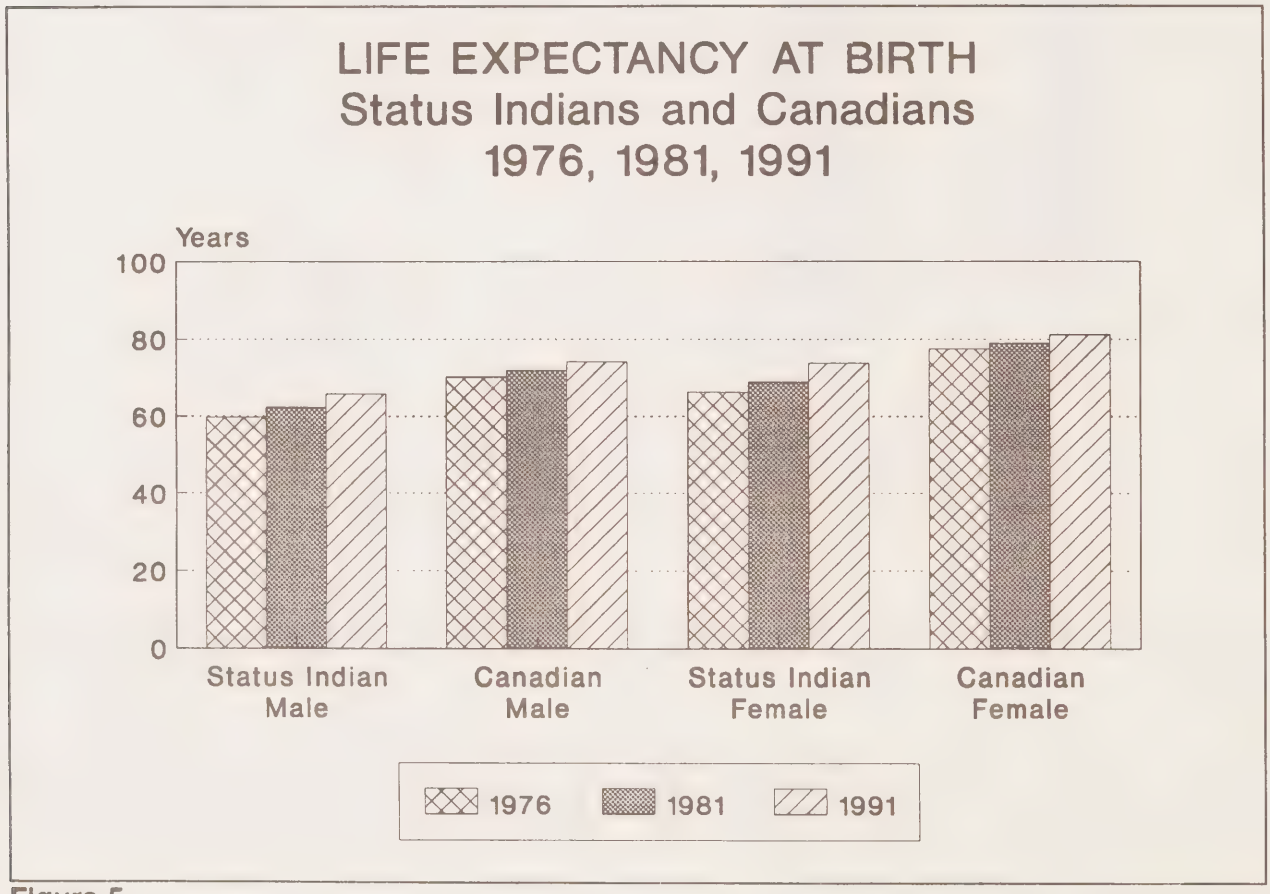

Figure 5

Indians currently live about 10 years less than non-Indians.

Although the gap has narrowed considerably over time, there is still a large difference. Part of this is due to high infant mortality rates in the Indian population, but there are also other reasons. Indian women are more likely to die from causes that kill people at young ages, such as accidents.

As well, even when they die of the same causes as the population in general, they tend to die from them at younger ages.

6. Main Causes of Death

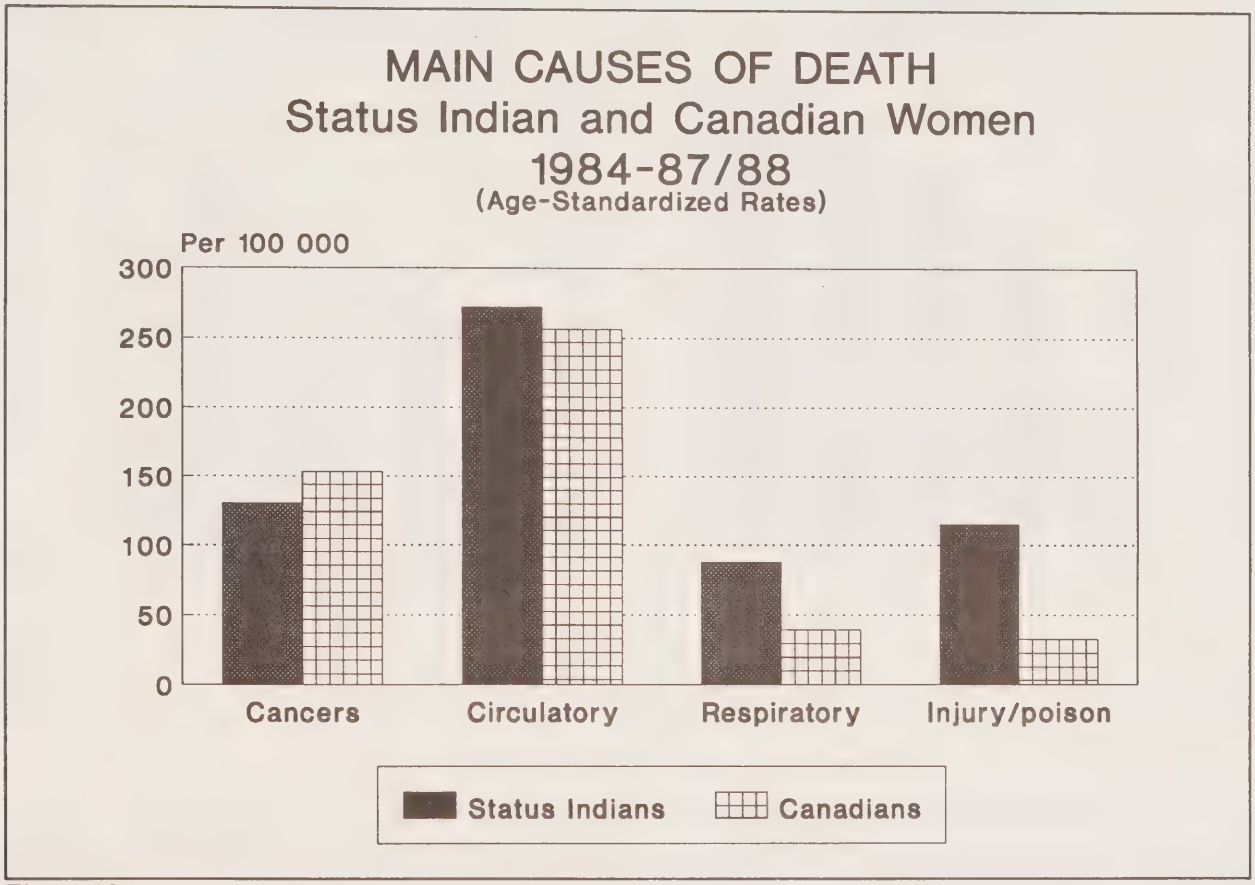

Figure 6

The four main causes of death in Canada today are diseases of the circulatory system (e.g. heart disease, strokes), neoplasms (cancers), accidents and violence, and diseases of the respiratory system (e.g. pneumonia, bronchitis).

Although the four main causes of death are the same for the Indian population and the Canadian population in general, there are definite differences in the relative importance of each cause. In particular, Indian women are slightly less likely than average to die of cancer but they are far more likely to die from infectious diseases, respiratory problems, or accidents and violence.

The next four sections examine the main causes of death in greater detail.

7. Death Rates from Accidents and Violence

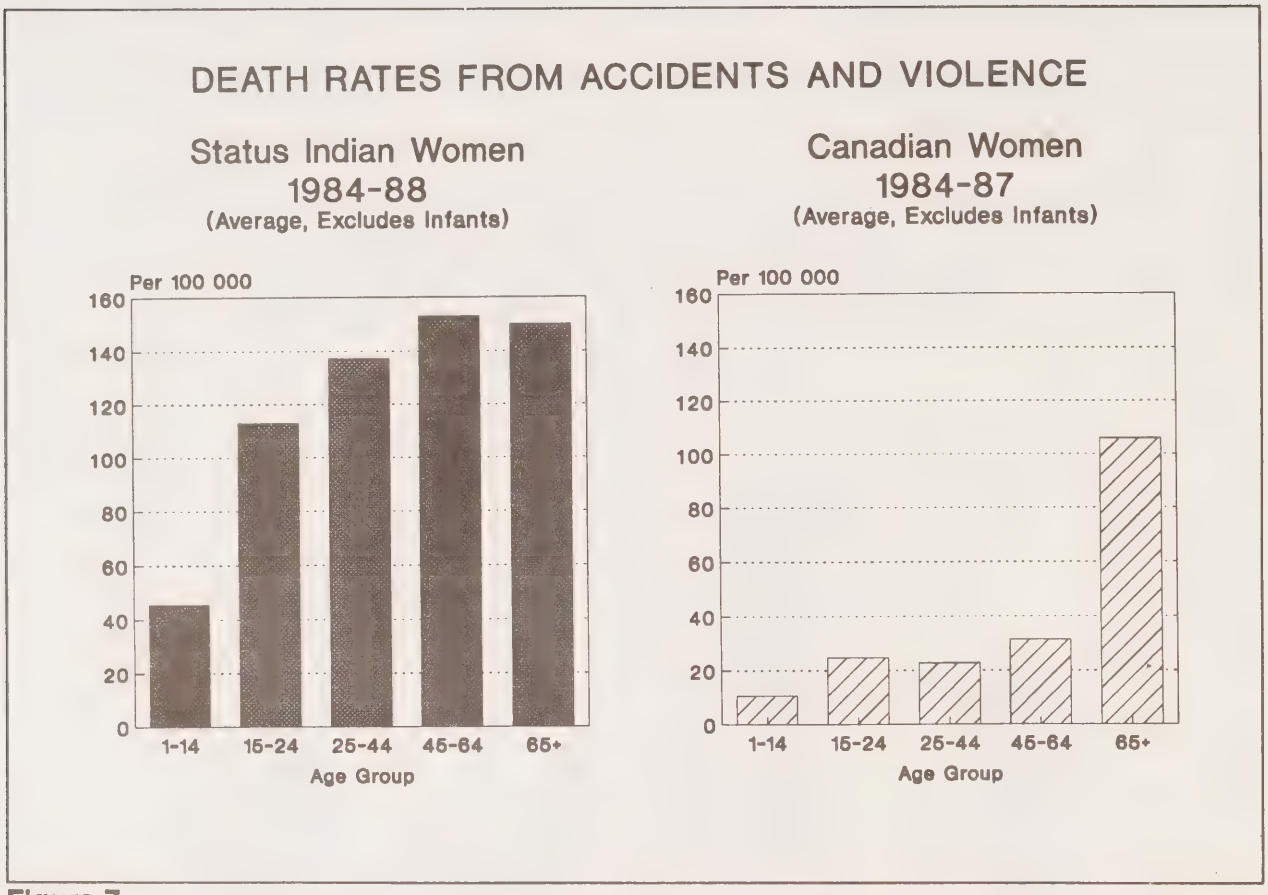

Figure 7

Deaths from accidents and violence are of particular interest, because they are preventable.

Death rates from accidents have decreased over time, but are still far higher than average: up to age 65, Indian women are about four times more likely than Canadian women to die from accidents or violence.

As compared to the Canadian population, there is a distinct difference in the ages at which fatal accidents are most likely to occur. In the Canadian population as a whole, older women are at higher risk of dying from accidents while, for Indian women, the risk is high from age 15 onwards.

Almost one-fifth of the "violent" deaths among Indian women are, in fact, suicides.

8. Suicide Rates

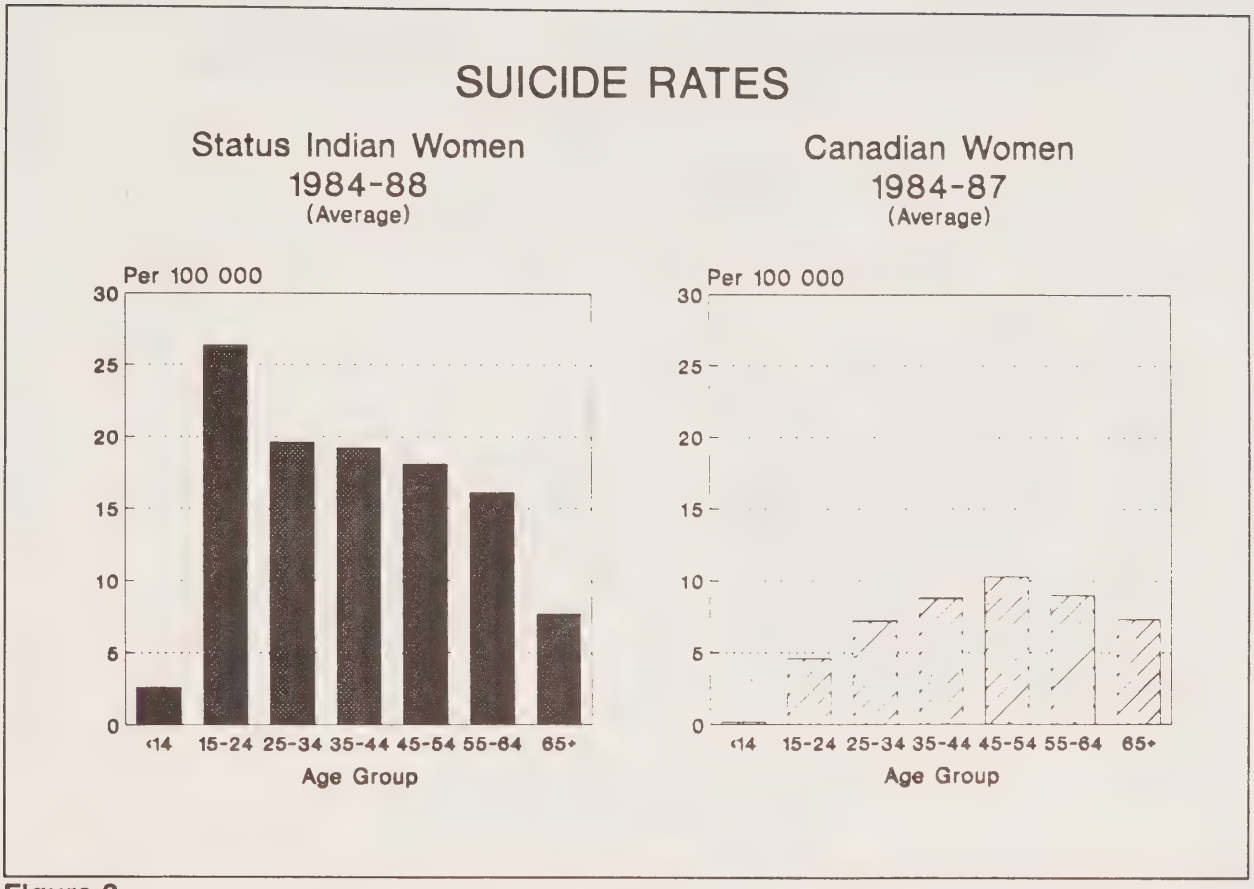

Figure 8

Women are less likely to commit suicide than men: in the Indian population, the female suicide rate is about one-quarter the male rate. However, the suicide rate among Indian women is more than double the national average (for women) and shows no signs of decreasing.

There is a difference in the age at which Indian women are most likely to commit suicide: rates are highest among young adults, then decline slowly throughout all the adult years until age 65. This is not the case for Canadian women for whom the risk of suicide is highest between the ages of 45 and 54.

High suicide and accident rates may be related to the poor economic and social conditions faced by Indian women. These conditions are described in the second portion of this paper.

9. Death Rates from Circulatory Diseases

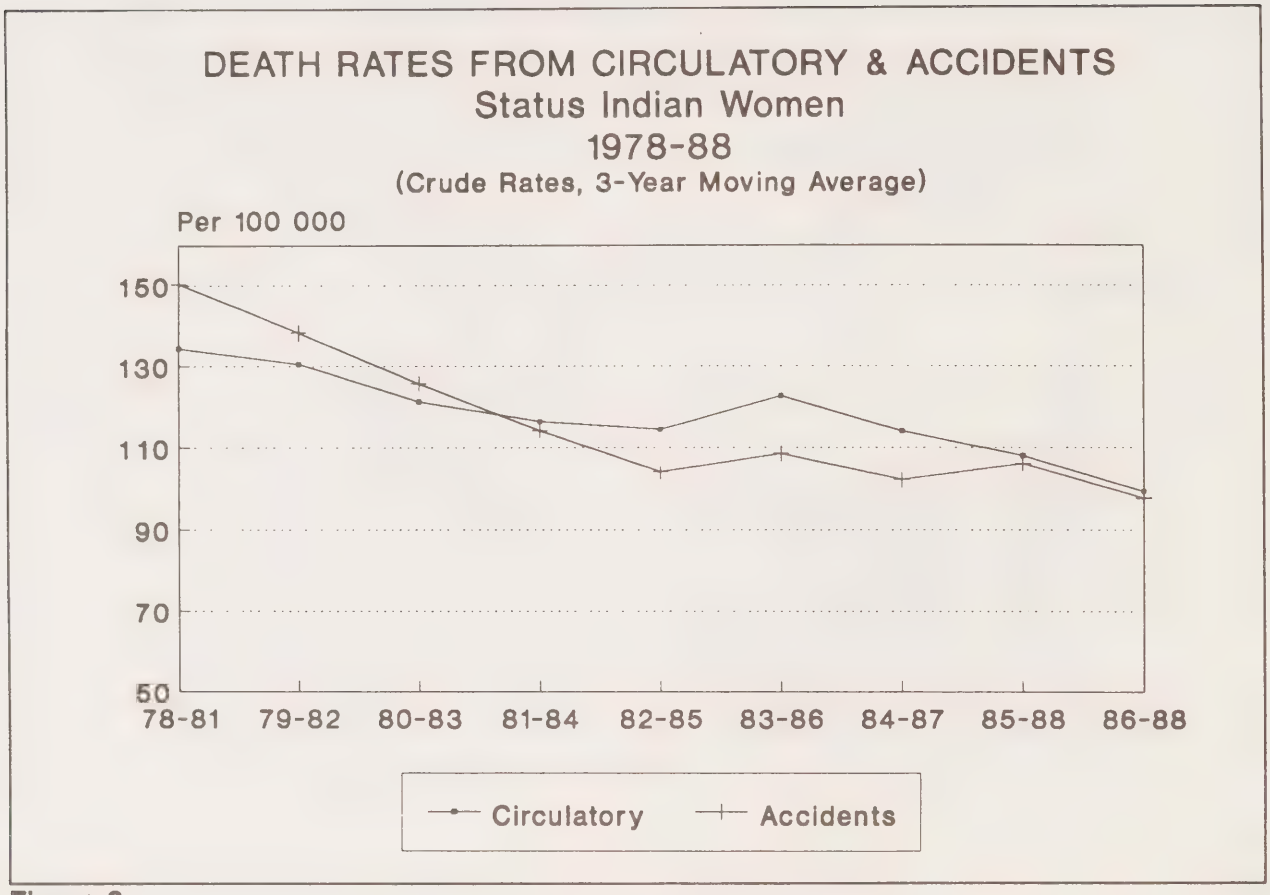

Figure 9

Around 1981, diseases of the circulatory system replaced accidents and violence as the most frequent cause of death among Indian women.

In general, women are less likely than men to die from diseases of the circulatory system. However, Indian women are slightly more likely than Canadian women in general to die from diseases of the circulatory system, while Indian men are at about the same risk as other men in Canada.

Diseases of the circulatory system appear to be more prevalent among Indian people living in Eastern Canada. Because of the relationship between these diseases and risk factors such as smoking behaviour, overweight, and diabetes, rates of circulatory system disease seem likely to increase in the future.

10. Death Rates from Cancers

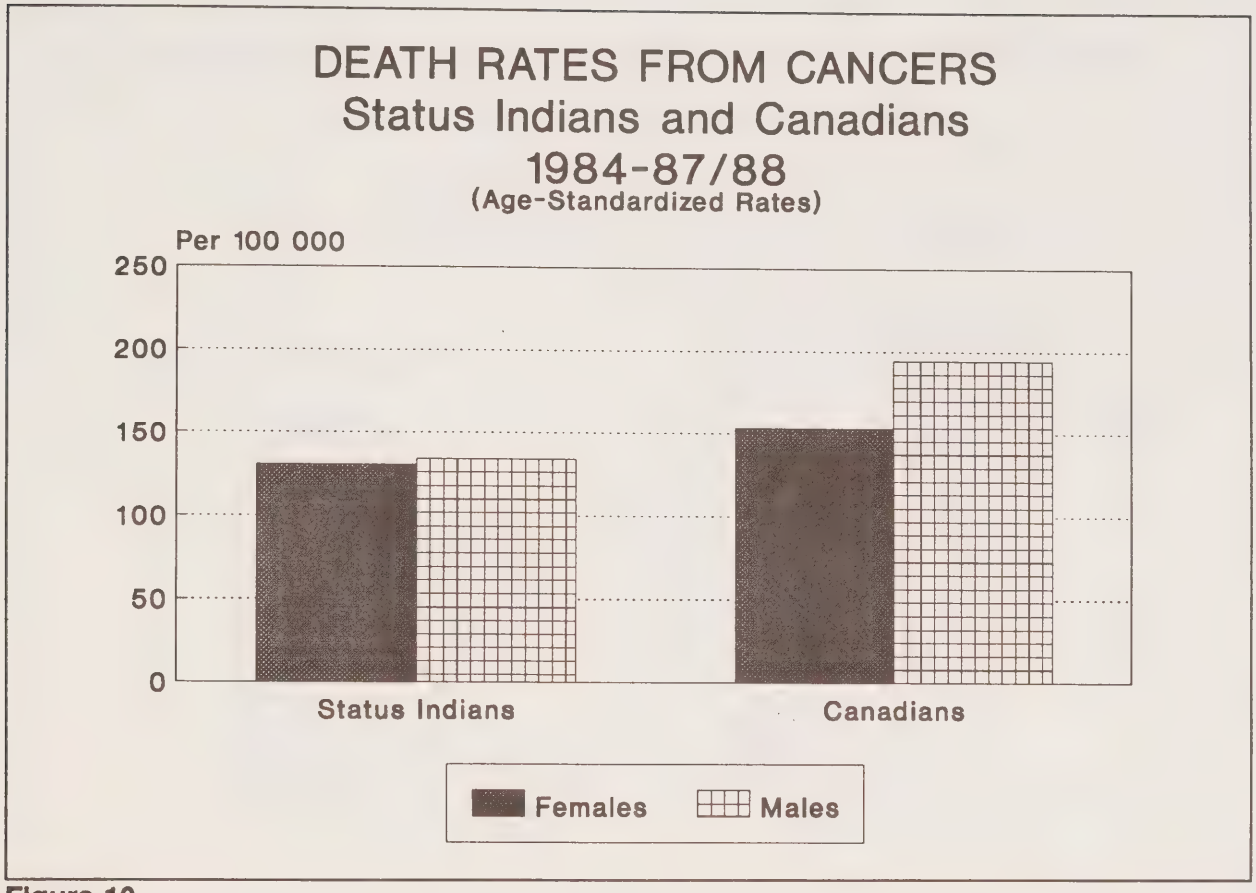

Figure 10

In general, Indian men are considerably less likely than average to die of cancer while Indian women are at only slightly less risk than Canadian women. Among men, the age-standardized death rate from cancer is 45 percent lower for Indians than for the Canadian population as a whole; for women, the difference is 17 percent.

For Canadians of all ages, death rates from cancer are significantly higher for men than for women. This pattern is not evident in the Indian population where little difference is noted between the sexes. In fact, women's rates exceed male rates between ages 45 and 54, raising the possibility of an excess number of deaths from cancer for Indian women at this age.

The causes of these differences are unknown. However, cervical and uterine cancers are one possible explanation for the high incidence of cancer in middle-aged Indian women, because of the age at which they tend to be developed. It is known that in Saskatchewan, Indian hospitalization rates for cervical cancer are extremely high. Various other studies also suggest that Indian women are more likely than average to develop cancer of the gallbladder or kidney and less likely to develop breast cancer.

11. Death Rates from Respiratory Diseases

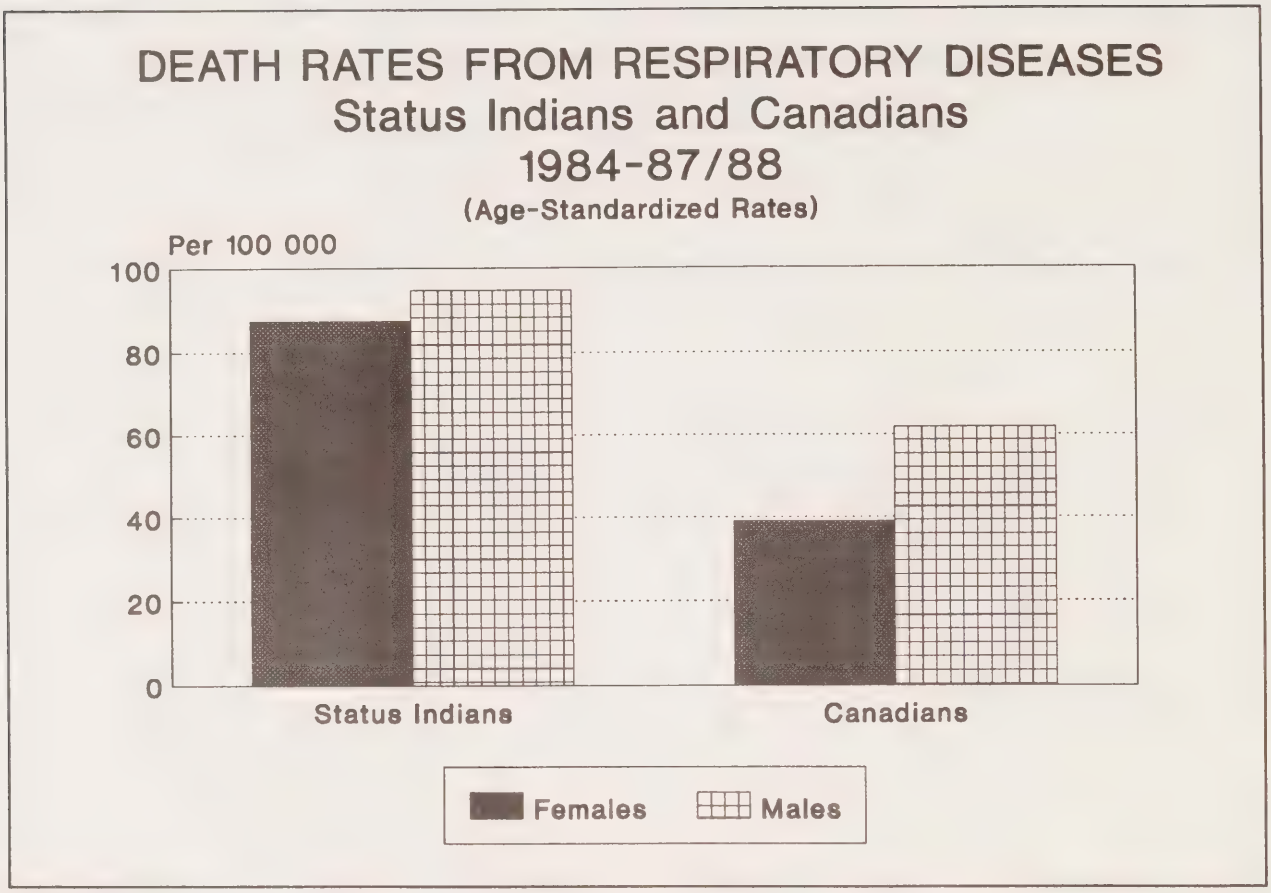

Figure 11

Deaths from diseases of the respiratory system (usually pneumonia or bronchitis) are primarily a problem among infants and the elderly. In the Canadian population as a whole, women are less likely than men to die of respiratory diseases. This difference is much less pronounced in the Indian population.

Indian death rates from respiratory diseases are now about one quarter of what they were in 1960. Despite this, they remain far higher than for other Canadians and have not decreased since 1979.

Some studies of Indian communities have found links between the incidence of respiratory diseases, as well as infectious diseases, and housing conditions such as central heating, running water, and crowding. These studies and those examining other health conditions show that there is a relationship between health and socio-economic conditions. For this reason, the next portion of this paper examines some socio-economic conditions of Indian women.

IV. SOCIAL CONDITIONS

12. Housing Conditions

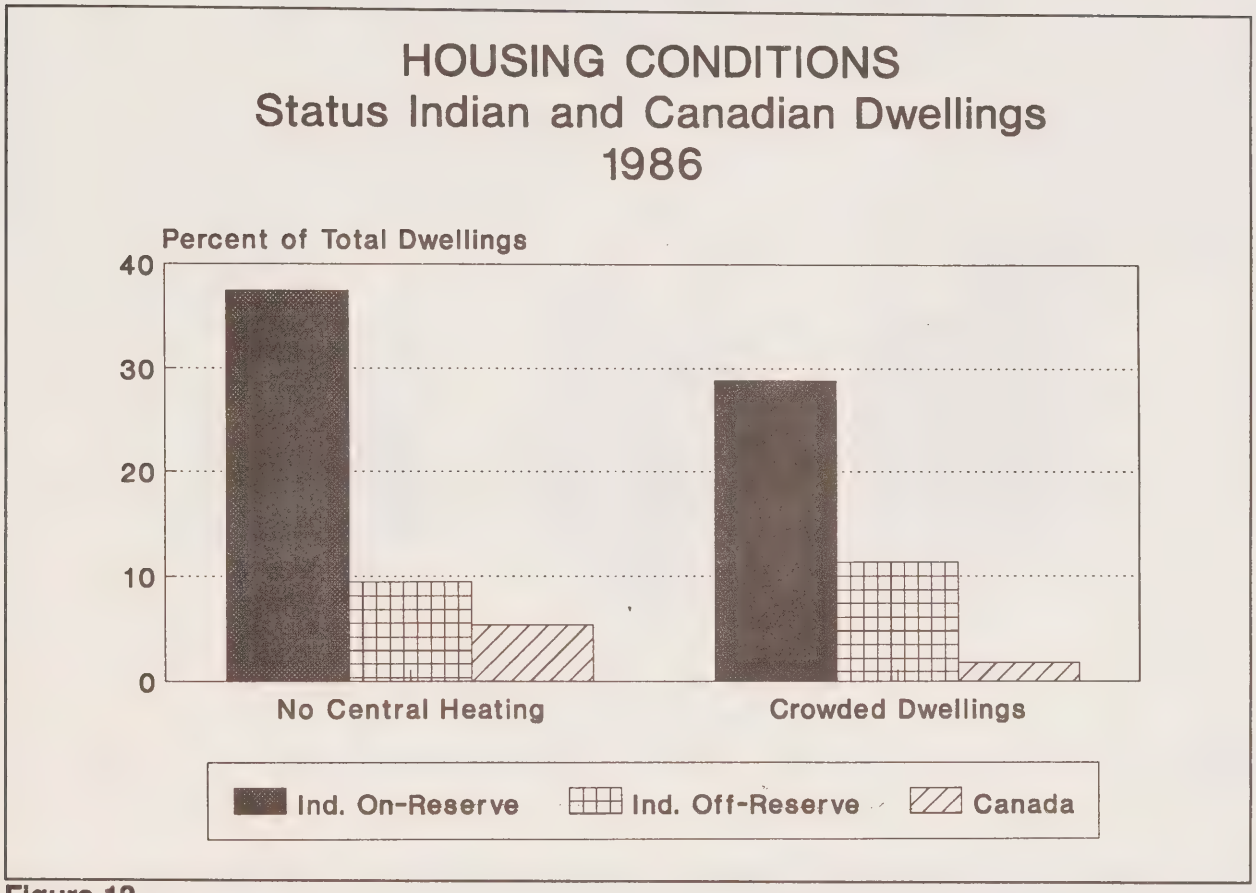

Figure 12

The proportion of Indian dwellings on-reserve without central heating is seven times greater than the Canadian rate and four times higher than the rate for Indian dwellings off-reserve. As well, the incidence of crowded dwellings amongst status Indians is considerably higher than the Canadian figure. Approximately six times more Indian dwellings off-reserve and sixteen times more Indian dwellings on-reserve are crowded.

Historically on-reserve dwellings have also had lower rates of running water and poorer sewage systems than other Canadian dwellings. However, there has been a dramatic increase in the proportion of Indian dwellings with running water and sewage systems in the last decade. In 1989, 86 percent of dwellings on-reserve had adequate water supply, compared to slightly over half in 1977. As well, the proportion of dwellings with adequate sewage disposal increased considerably, from 47 percent in 1977 to 79 percent in 1989.

13. Highest Level of Education

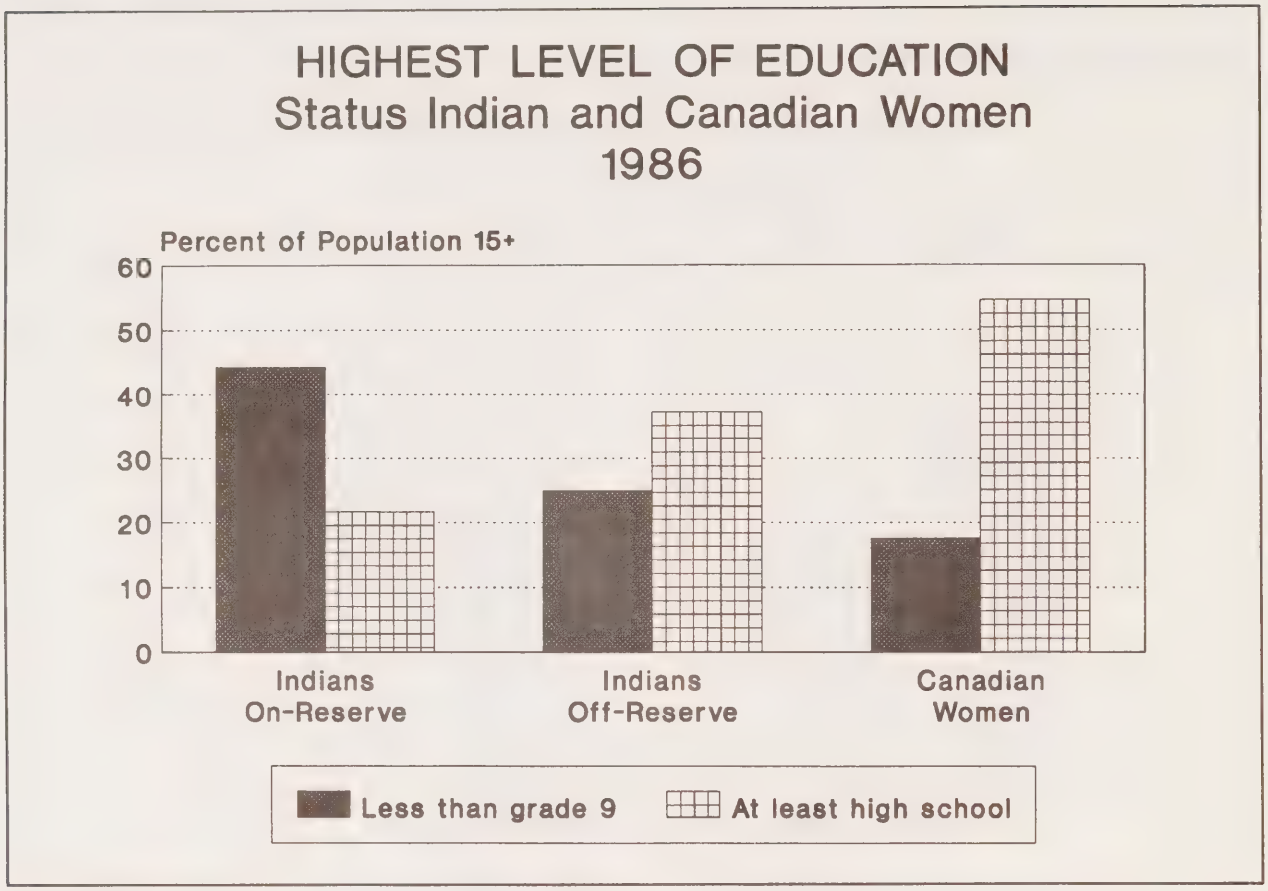

Figure 13

Status Indians of both sexes are considerably more likely than other Canadians to have less than grade 9 education, one definition of functional illiteracy.

The differences in educational attainment between men and women are roughly the same for both Canadians and Indians. There are, however, major differences between these groups.

Over two-fifths of Indian women living on-reserve have less than grade 9 education while only one-fifth have at least a high school diploma.

By comparison, less than one-fifth of Canadian women have less than grade 9 education while over one-half have at least completed high school.

14. Employment Rates

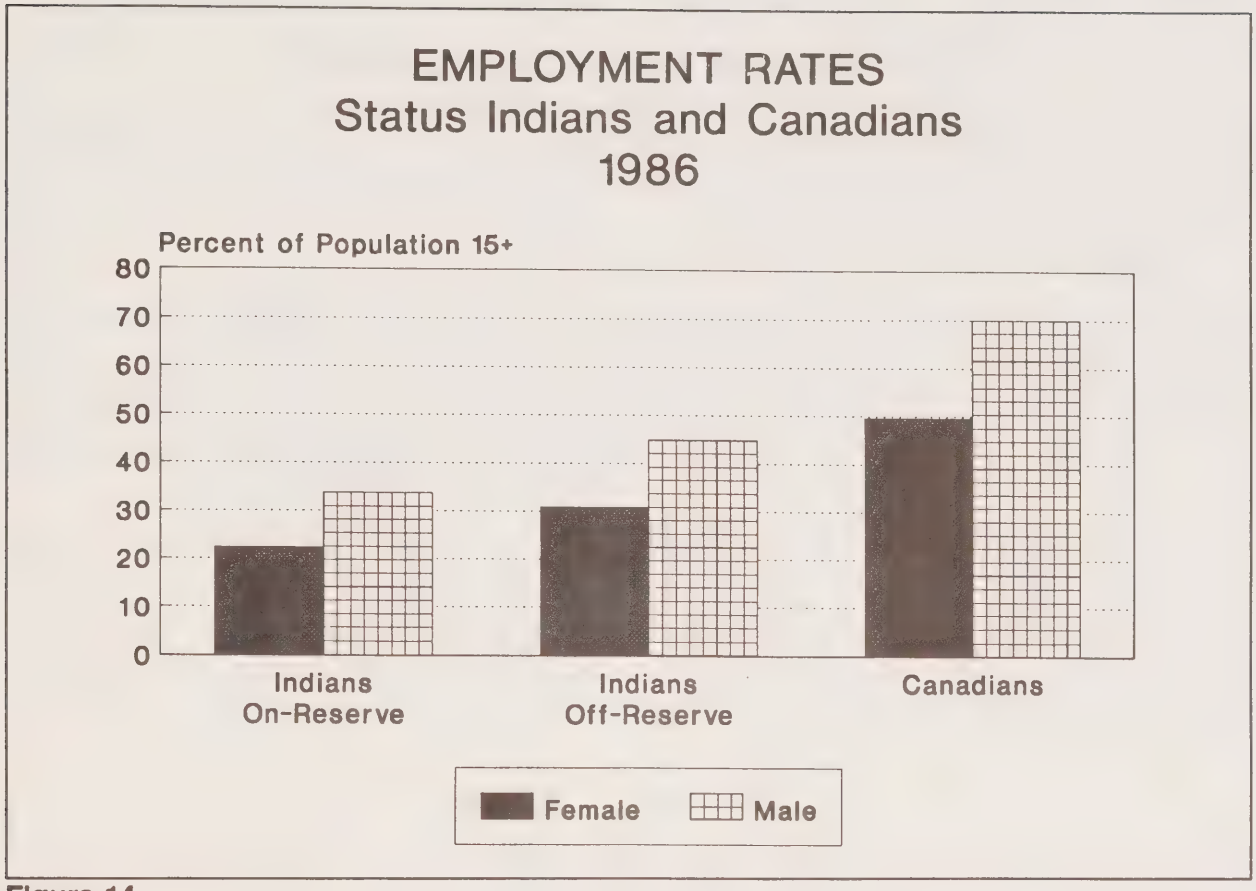

Figure 14

While a higher percent of all women over the age of 15 than men are not in the labour force, status Indian women have the lowest level of labour force participation of the groups examined. Almost two-thirds (62%) of registered Indian women aged 15 or older are not in the labour force, compared to 40 percent of Canadian women. As well, twice the proportion of status Indian women than Canadian women are unemployed, twelve percent compared to six percent.

For all groups, the employment rate of men is approximately one and a half times that of women.

Less than one-quarter of Indian women on-reserve are employed, compared to one-half of all Canadian women. Employment opportunities increase off-reserve where almost one-third of all Indian women over the age of 15 have jobs.

15. Average Individual Income

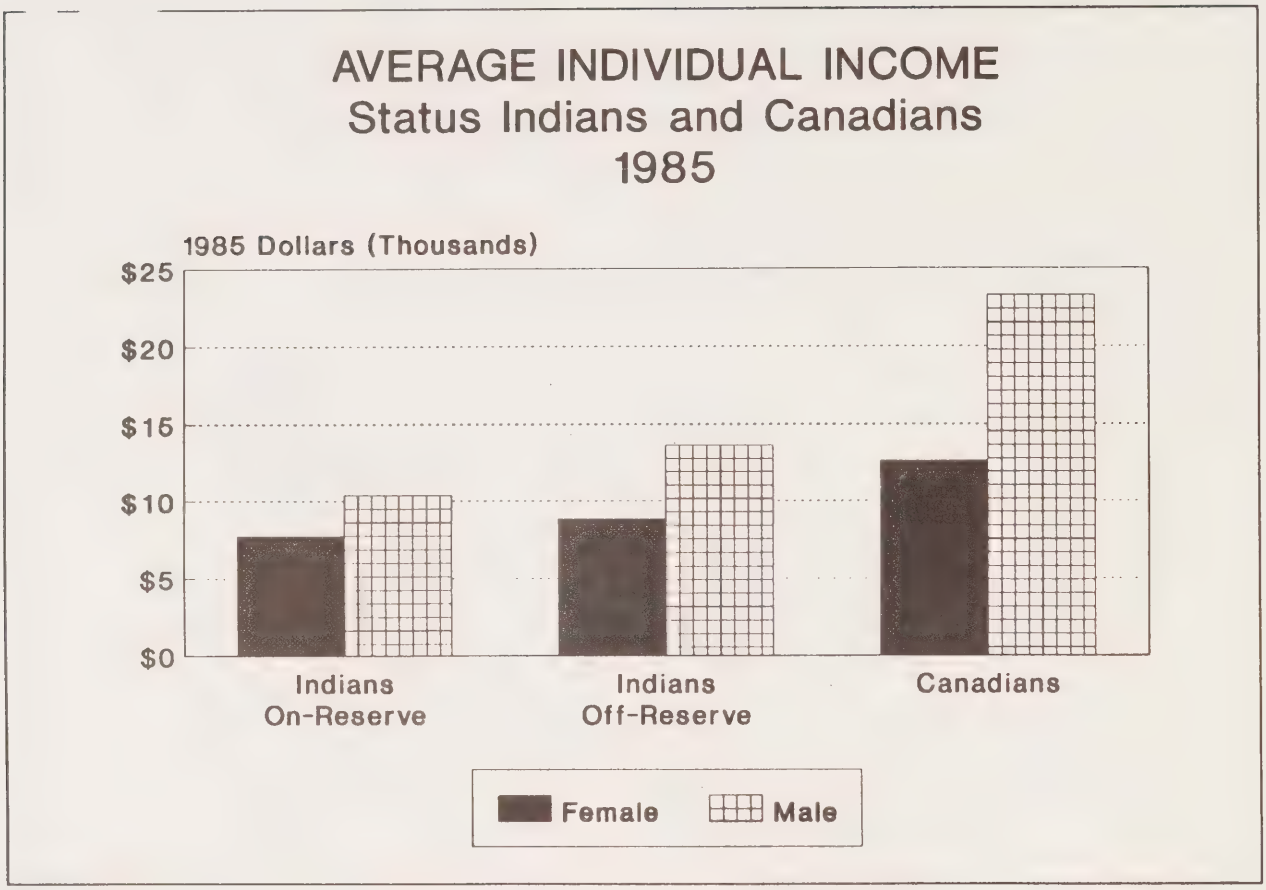

Figure 15

In 1985, women's incomes were lower than men's and Indian incomes were lower than Canadian. As a result, status Indian women have the lowest average individual incomes of the population examined here: $8,800 in 1985, compared to $10,400 for Indian men and $12,600 for Canadian women.

However, the gap between the sexes was smaller for Indians than for all Canadians, particularly for Indians on-reserve. This is due to the fact that more people on-reserve, particularly more women, obtain most of their income from government transfer payments, which equalizes the gap between the sexes at the lower income levels.

There is a proven relationship between level of income and health status. For example, Wilkens et al found that Canadians in the lowest income groups have shorter life expectancies and higher infant mortality rates than those in higher income groups.[1] A look at historical incomes in constant dollars shows that the average incomes of status Indians are decreasing. This fact has serious implications for the health and nutrition of status Indians in Canada.

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[1]Russell Wilkens, Owen Adams & Anna Brancker, "Changes in Mortality by Income in Urban Canada from 1971 to 1986," *Health Reports, vol. 1, no. 2*, p. 137-174.

V. CONCLUSIONS

IMPLICATIONS FOR PUBLIC HEALTH PROGRAMS

In summary, Indian women face very different social conditions than other Canadian women. As a group, they tend to be younger and their mortality patterns are quite different from those of both Indian men and Canadian women.

A large proportion of Indian women are in their childbearing years and have high fertility rates. As discussed in the section on reproductive health, they also seem to have a high level of problems relating to pregnancy and childbirth. This suggests a continuing need for prenatal and post-natal care to improve nutrition, to address lifestyle concerns such as smoking and to encourage breastfeeding amongst high-risk mothers.

High accident and suicide rates at all ages indicate a need to improve conditions, particularly on reserves, and to reduce risk factors throughout the adult years. As there is strong evidence of alcohol involvement in many of these accidental deaths, programs to address alcohol and drug abuse should continue to be a large component of such services. Efforts to prevent accidents and suicides are likely to be particularly important in view of low income and employment levels.

There is some indication of excess cancer mortality among Indian women aged 45-64. This suggests a need for improved screening, as early detection may improve survival rates.

Although Indian housing conditions have improved significantly, the continuing high rates of respiratory diseases indicate a need for further improvement.

Since the literacy rate of Indian women is low, especially on-reserve, health education programs should not depend on written material, but rather, should reach their audiences through some other means.

Distinct differences in the health and socio-economic conditions of Indian women as compared to men point to the importance of considering women's needs separately in order to more effectively target public health programs to those most at risk.

VI. METHODOLOGICAL NOTES AND SOURCES

1. Demographics

Data Sources

Data on the on and off-reserve status Indian population as of December 31, 1990, are taken from *Indian Register Population by Sex and Residence, 1990*, published by Quantitative Analysis and Socio-demographic Research (QASR), Department of Indian Affairs and Northern Development. Data on the status Indian population by age and sex are taken from Indian Registry statistics held by QASR.

Data on the Canadian population are taken from *Population Projections for Canada, Provinces and Territories, 1986-2011*, Statistics Canada Catalogue Number 91-520.

Data on the geographic location of Indian reserves are taken from *Basic Departmental Data, 1990*, published by QASR, Department of Indian Affairs and Northern Development.

2. Health Conditions

Data Sources

Data on the main causes of death of status Indians for the years 1978-1988 are taken from records of the Medical Services Branch (MSB), Health and Welfare Canada.

Data on the main causes of death of Canadians for the years 1984-1987 originate in Statistics Canada and are provided to MSB courtesy of Health and Welfare's Laboratory Centre for Disease Control. These data can also be found in *Vital Statistics, vol. IV, Causes of Death*, Statistics Canada Catologue Number 84-203.

Data on the reproductive conditions of status Indians are taken from a variety of sources.

Information on the percentage of Indian mothers under 25, mothers who smoke, and the factors associated with breastfeeding is drawn from: Neima Langner, *National Database on Breastfeeding among Indian and Inuit Women: Survey of Infant Feeding Practices from Birth to Six Months, Canada, 1988. Final Report, April 1990*,(Ottawa: Medical Services Branch, Health and Welfare Canada, 1990).

Data on low birth weight and stillbirths among Indian people are drawn from Medical Services Branch statistics for 1988.

Data on age of mothers in Canada are provided by Canadian Centre for Health Statistics, Statistics Canada. Figures are for 1988 and exclude Newfoundland.

Data on low birth weight infants in Canada are provided by Canadian Centre for Health Statistics, Statistics Canada. Figures are for 1988.

Data on smokers in Canada are based on: Stephens, T. and Craig, C.L., *The Well-Being of Canadians: Highlights of the 1988 Campbell's Survey*, (Ottawa: Canadian Fitness and Lifestyle Research Institute, 1990: Table 15). Refers to women aged 15 to 44, in 1988.

Data on the life expectancy at birth of status Indians for 1976, 1981 and 1991 are taken from *Basic Departmental Data, 1990*, published by QASR, Department of Indian Affairs and Northern Development.

Data on the life expectancy at birth of Canadians for 1976, 1981 and 1991 are taken from *Vital Statistics*, Statistics Canada, Catalogue Number 84-206.

Methodological Notes

The health data compiled by Medical Services Branch refer to status or registered Indians only. While analyses based on these data are consistent with other sources of information on Indian health, the reader should be aware that not all Indian people are included in the data, and that coverage varies somewhat from province to province.

The figures included in this report are based on data provided by the various regional offices of Medical Services Branch, which are located in each province (with the exception of the Atlantic Regional

Office, which serves all four Atlantic provinces). The availability of Indian health data, which varies somewhat from one province to another, is outlined below.

Atlantic provinces and Ontario: These provinces collect data for registered Indians living on reserves. Persons residing off-reserve are not included in the statistics.

Quebec: Collects data for Indian people living on reserves, with some exclusions, including the communities covered under the James Bay and Northern Quebec agreement and a number of other communities not directly served by Medical Services Branch health personnel.

Manitoba, Saskatchewan, Alberta, Yukon: The data cover all registered Indians in the province, both on- and off-reserve.

British Columbia: Until 1985, data was compiled for all registered Indians in the province. From 1985 onwards, no data were available. Consequently, B.C. is missing from the overall figures beginning in 1985.

Northwest Territories: Consists of data for all registered Indians, up to and including 1986. As a consequence of the transfer of health services from federal administration to the Government of N.W.T., data are no longer provided to Medical Services Branch. Therefore, the overall figures do not include N.W.T. Indians after 1986.

Because 1988 data for Canadians were not available at the time this report was prepared, most of the figures for Canada cover the 1984-1987 period. Similar data for status Indians are five-year averages for the years 1984 to 1988.

3. Social Conditions

Data Sources

Data on water supply and sewage disposal for dwellings on-reserve are taken from *Basic Departmental Data, 1990*, published by QASR, Department of Indian Affairs and Northern Development.

All other data on the social and economic conditions of both status Indians and Canadians are taken from INAC Customized Census Data, 1986, held by QASR, Department of Indian Affairs and Northern Development.

Methodological Notes

There are some limitations to census data with regards to the under-representation of status Indians, both on- and off-reserve, which affect the validity of the numbers used in this report.

Ninety Indian bands, or 136 reserves, did not take part in the 1986 Census. These communities represented an estimated 45,000 people. These refusals resulted in a significant under-representation of on-reserve Indians in the Census data.

In the development of the INAC customized census data, QASR used questions 7 and 17 of the 1986 Census to identify the population which best fitted the *Indian Act* definition of a registered Indian. There was a respondent problem with question 7 which has been minimized sufficiently for the data to be used.

At the time of the 1986 Census, major changes to the size and characteristics of the Indian population were coming into effect as a result of the introduction of Bill C-31. The Bill contains amendments to the sections of the *Indian Act* which deal with band membership and the granting of status. It aims to eliminate discrimination based on gender and marital status and to restore status to those who are eligible. It is not known how persons affected by the Bill answered questions 7 and 17 which determine the registered Indian count.

VII. DATA TABLES

Table 1

THE STATUS INDIAN POPULATION

1990

LOCATION	FEMALE Number	Percent	MALE Number	Percent
On-Reserve	142,960	48.8	150,244	51.2
Off-Reserve	107,454	54.6	89,520	45.4
TOTAL	250,414	51.1	239,764	48.9

Table 2

LOCATION OF INDIAN RESERVES

1989

GEOGRAPHICAL ZONE	STATUS INDIANS Number	Percent
Urban	103,562	37.0
Rural	108,511	38.8
Remote/Special Access	67,590	24.1
TOTAL	279,663	100.0

Table 3

AGE STRUCTURE OF THE POPULATION

Status Indians
1990

AGE GROUP	WOMEN Number	WOMEN Percent	MEN Number	MEN Percent
0-4	21,786	8.7	23,158	9.7
5-9	26,580	10.6	28,178	11.8
10-14	24,981	10.0	25,894	10.8
15-19	25,513	10.2	26,046	10.9
20-24	26,200	10.5	26,715	11.1
25-29	26,523	10.6	25,031	10.4
30-34	22,950	9.2	20,530	8.6
35-39	17,775	7.1	15,396	6.4
40-44	14,182	5.7	12,078	5.0
45-49	10,816	4.3	9,295	3.9
50-54	8,717	3.5	7,036	2.9
55-59	6,997	2.8	5,977	2.5
60-64	5,243	2.1	4,546	1.9
65 +	12,149	4.9	9,884	4.1
TOTAL	250,414	100.0	239,764	100.0

All Canadians
1990

AGE GROUP	WOMEN Number	WOMEN Percent	MEN Number	MEN Percent
0-4	908,300	6.8	956,400	7.3
5-9	892,000	6.6	937,600	7.2
10-14	881,100	6.6	927,400	7.1
15-19	902,900	6.7	948,600	7.3
20-24	986,800	7.3	1,018,800	7.8
25-29	1,187,700	8.8	1,185,000	9.1
30-34	1,182,200	8.8	1,165,600	9.0
35-39	1,087,600	8.1	1,065,900	8.2
40-44	984,200	7.3	976,000	7.5
45-49	771,400	5.7	770,700	5.9
50-54	641,000	4.8	633,300	4.9
55-59	614,400	4.6	599,900	4.6
60-64	602,700	4.5	557,900	4.3
65+	1,796,200	13.4	1,279,100	9.8
TOTAL	13,438,300	100.0	13,022,300	100.0

Table 4

REPRODUCTIVE HEALTH

Status Indian and Canadian Women (Percent)

CATEGORY	INDIANS	CANADIANS
Under Age 25	55.0	28.4
Smokers	53.0	31.0
Birth Weight < 2.5 kg	3.3	5.6
Stillbirths	9.1	6.2

Data on Indian mothers under age 25 and smokers are based on Neima Langer, *National Database on Breastfeeding among Indian and Inuit Women: Survey of Infant Feeding Practices from Birth to Six Months, Canada, 1988, Final Report, April 1990,* (Ottawa: Medical Services Branch, Health and Welfare Canada, 1990).

Data on Canadian women smokers refer to women aged 15 to 44 in 1988. Based on T. Stephens and C.L. Craig, *The Well-Being of Canadians: Highlights of the 1988 Campbell's Survey,* (Ottawa: Canadian Fitness and Lifestyle Research Institute, 1990: table 15).

Table 5

LIFE EXPECTANCY AT BIRTH

Status Indians and Canadians 1971, 1981, 1991

GROUP	1976	1981	1991
Status Indian Male	56.8	62.4	65.7
Status Indian Female	66.3	68.9	73.9
Canadian Male	70.2	71.9	74.1
Canadian Female	77.5	79.0	81.2

Table 6

MAIN CAUSES OF DEATH

Status Indian and Canadian Women
1984-87/88
(Age-standardized rates per 100,000)

CAUSE OF DEATH	INDIANS	CANADIANS
Cancers	130.5	153.4
Circulatory	271.6	256.2
Respiratory	87.5	39.0
Injury/Poison	115.1	31.2

Table 7

DEATH RATES FROM ACCIDENTS AND VIOLENCE

Status Indian and Canadian Women
1984-87/88
(Average rate per 100,000, excluding infants)

AGE GROUP	INDIANS	CANADIANS
1-14	45.4	10.6
15-24	113.0	24.8
25-44	137.0	22.8
45-64	153.0	31.5
65 and over	150.0	106.0

Table 8

SUICIDE RATES

Status Indian and Canadian Women
1984-87/88
(Average rate per 100,000)

AGE GROUP	INDIANS	CANADIANS
14 and under	2.6	0.2
15-24	26.4	4.6
25-34	19.6	7.2
35-44	19.2	8.8
45-64	18.1	10.3
55-64	16.1	9.0
65 and over	7.7	7.3

Table 9

DEATH RATES FROM CIRCULATORY AND ACCIDENTS

Indian Women
1978-88
(Crude rates per 100,000; 3-year moving average)

YEAR	CIRCULATORY	ACCIDENTS
1978-81	134.4	150.4
1979-82	130.6	138.3
1980-83	121.3	125.7
1981-84	116.5	114.2
1982-85	114.5	104.2
1983-86	122.7	108.6
1984-87	114.1	102.3
1985-88	108.1	106.2
1986-88	99.4	97.8

Table 10

DEATH RATES FROM CANCERS

Indians and Canadians
1984-87/88
(Age standardized rates per 100,000)

GROUP	FEMALE	MALE
Status Indians	130.5	134.2
Canadians	153.4	194.3

Table 11

DEATH RATES FROM RESPIRATORY DISEASES

Indians and Canadians
1984-87/88
(Age standardized rates per 100,000)

GROUP	FEMALE	MALE
Status Indians	87.5	94.8
Canadians	39.0	61.9

Table 12

HOUSING CONDITIONS

Status Indian and Canadian Dwellings
1986
(Percent of total dwellings)

CONDITIONS	INDIANS ON-RESERVE	INDIANS OFF-RESERVE	ALL CANADIANS
No Central Heating	37.5	9.5	5.4
Crowded Dwellings	28.9	11.3	1.8

Table 13

HIGHEST LEVEL OF EDUCATION

Status Indian and Canadian Women
1986
(Percent of population 15 and over)

CONDITIONS	INDIANS ON-RESERVE	INDIANS OFF-RESERVE	ALL CANADIANS
Less than grade 9	44.3	25.0	17.6
At least high school	21.7	37.3	54.6

Table 14

EMPLOYMENT RATES

Status Indians and Canadians
1986
(Percent of population 15 and over)

GENDER	INDIANS ON-RESERVE	INDIANS OFF-RESERVE	ALL CANADIANS
Female	22.3	30.8	49.6
Male	33.7	44.9	70.0

Table 15

AVERAGE INDIVIDUAL INCOME

Status Indians and Canadians
1985
(1985 dollars)

GENDER	INDIANS ON-RESERVE	INDIANS OFF-RESERVE	ALL CANADIANS
Female	$7,756	$8,848	$12,615
Male	$10,362	$13,649	$23,265